

Make application to local Fire Department. DO NOT make application to Department of Fire Services or State Fire Marshal.





APPLICATION FOR PERMIT

	n Existing/New Storage Ta ment City, town or district:_	• •	under 527 CMR 9.00 Date:
	e for a permit to maintain an exis		
	<u>'</u>	<u>-</u>	
Owner of property:	Full	Street address	
			·
Number of storage tanks	:: aboveground	underground	
Signature of owner or au	thorized representative:		
Fee paid: \$	_ (M.G.L. Chapter 148, section (Fire Department's copy	n 10A) - To be filed with FP-290)	
	The Commonwe	alth of Massachuseti	ts
Departm	ent of Fire Services -	Office of the State	Fire Marshal 🔾 👣
	PEF	RMIT	
:	To Maintain an Existing/l	_	-
In accordance with the pais granted to:	rovisions of 527 CMR 9.00 this	s permit to maintain an ex	isting/new storage tank facility
Location of property:			
		Street address	
Owner of property:	Full	name of person, firm or corporation	
Number of storage tanks	s: aboveground	underground	
Facility to be maintained	in accordance with the restrict	tions described below:	
	·		
Fee paid: \$	_ (M.G.L. Chapter 148, section	1 10A)	
This permit will expire		•	

(Owner's copy - To be posted at the storage facility)

Signature of Head of Fire Department or appointed designee